

# Wisconsin Department of Regulation & Licensing

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## BOARD OF NURSING

### REQUEST FOR A TEMPORARY PERMIT FOR NURSE-MIDWIFE

A completed application, permit fee, official certification of completion of an approved educational program in nurse-midwifery approved by the American College of Nurse-Midwives (ACNM), proof of a current Wisconsin license to practice professional nursing, and the fee specified, must be received in the board office prior to granting a temporary permit. Applicants are required to practice under the **direct supervision** of a nurse-midwife certified under sec. 441.15, Stats., or a physician.

**NAME OF APPLICANT:** (Please print) \_\_\_\_\_

Check box below if applies.

☐ Graduate Nurse-Midwife not certified/awaiting ACNM exam results.

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## AFFIDAVIT OF SUPERVISOR

Please print:

I wish to request that a temporary permit to practice as a nurse-midwife in the State of Wisconsin be issued to \_\_\_\_\_.  
(name of applicant)  
The duration of this temporary permit is for a period of  
6 months or until the holder is notified he/she failed the American College of Nurse-Midwives examination.

\_\_\_\_\_  
Signature and Title of Supervisor

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Print Name and Wisconsin License Number

\_\_\_\_\_  
Street Address

(      )

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date